

Rev 5/21

United States Bankruptcy Court  
District of North Dakota

IN RE: **Pro-Mark Services, Inc.**

Bankruptcy No: **24-30167**

Chapter: **7**

Debtor(s)

**AMENDMENT COVER SHEET**

**Schedules and Statements Amended (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Voluntary Petition                           | <input type="checkbox"/> Schedule I                            |
| <input checked="" type="checkbox"/> Summary of Assets and Liabilities | <input type="checkbox"/> Schedule J                            |
| <input type="checkbox"/> Schedule A/B –Property                       | <input type="checkbox"/> Declaration Concerning Schedules      |
| <input type="checkbox"/> Schedule C                                   | <input type="checkbox"/> Statement of Financial Affairs        |
| <input type="checkbox"/> Schedule D                                   | <input type="checkbox"/> Attorney's Disclosure of Compensation |
| <input checked="" type="checkbox"/> Schedule E/F                      | <input type="checkbox"/> Statement of Intention                |
| <input type="checkbox"/> Schedule G                                   | <input type="checkbox"/> Statement of Current Monthly Income   |
| <input type="checkbox"/> Schedule H                                   | <input type="checkbox"/> Other _____                           |

If amending schedules D or E/F, the amendment is to:

- ☒ Add new creditor(s) (Notice to Creditors of Amended Schedules must be served and filed)
- ☐ Correct or delete information.

Describe changes: (ex. "Added creditor XYZ to Schedule E/F")

Added creditors Advantage Coating and Mead Lumber to Schedule F.

**DECLARATION**

I certify under penalty of perjury that the foregoing is true and correct, and that the attached amendments are true and correct.

Dated: 11/1/2024

/s/ Gene W. Doeling

Debtor 1 (Signature) Attorney for Debtor

\_\_\_\_\_  
Debtor 2 (Signature)

Fill in this information to identify the case:

Debtor name Pro-Mark Services, Inc.

United States Bankruptcy Court for the:

District of North Dakota

Case number (if known): 24-30167 Chapter 7

☒ Check if this is an amended filing

## Official Form 206Sum

# Summary of Assets and Liabilities for Non-Individuals

12/15

### Part 1: Summary of Assets

#### 1. *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)

##### 1a. Real Property:

Copy line 88 from *Schedule A/B*.....

\$0.00

##### 1b. Total personal property:

Copy line 91A from *Schedule A/B*.....

\$4,382,319.21

##### 1c. Total of all property:

Copy line 92 from *Schedule A/B*.....

\$4,382,319.21

### Part 2: Summary of Liabilities

#### 2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$11,981,225.00

#### 3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)

##### 3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$1,333,537.00

##### 3b. Total amount of claims of non-priority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

+ \$19,989,387.98

#### 4. Total liabilities.....

Lines 2 + 3a + 3b

\$33,304,149.98

Fill in this information to identify the case:

Debtor name Pro-Mark Services, Inc.

United States Bankruptcy Court for the:  
District of North Dakota

Case number (if known): 24-30167

☒ Check if this is an amended filing

## Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

**2.1** Priority creditor's name and mailing address

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0045

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account  
number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the Claim:

\_\_\_\_\_

Total claim

\$568,000.00

Priority amount

\$568,000.00

**2.2** Priority creditor's name and mailing address

Minnesota Revenue  
PO Box Box 64649  
Saint Paul, MN 55164-0649

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account  
number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the Claim:

\_\_\_\_\_

\$300.00

\$300.00

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor Pro-Mark Services, Inc.  
Name

Case number (if known) 24-30167

**Part 1: Additional Page**

|            |   |   |                    |
|------------|---|---|--------------------|
| <b>2.3</b> | <b>Priority creditor's name and mailing address</b><br><u>Montana Department of Revenue</u><br><u>Attn: Bankruptcy</u><br><u>PO Box 7701</u><br><u>Helena, MT 59604-7701</u><br><br>Date or dates debt was incurred _____<br><br>Last 4 digits of account number ____ _<br>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u>   | <b>As of the petition filing date, the claim is:</b> <u>\$17,000.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the Claim:</b> _____<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <u>\$17,000.00</u> |
| <b>2.4</b> | <b>Priority creditor's name and mailing address</b><br><u>Nebraska Department of Revenue</u><br><u>Nickolas Doucet</u><br><u>PO Box 94818</u><br><u>Lincoln, NE 68509-4818</u><br><br>Date or dates debt was incurred _____<br><br>Last 4 digits of account number ____ _<br>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u> | <b>As of the petition filing date, the claim is:</b> <u>\$15.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the Claim:</b> _____<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes     | <u>\$15.00</u>     |
| <b>2.5</b> | <b>Priority creditor's name and mailing address</b><br><u>Nebraska Department of Revenue</u><br><u>Nickolas Doucet</u><br><u>PO Box 94818</u><br><u>Lincoln, NE 68509-4818</u><br><br>Date or dates debt was incurred _____<br><br>Last 4 digits of account number ____ _<br>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u> | <b>As of the petition filing date, the claim is:</b> <u>\$22,000.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the Claim:</b> _____<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <u>\$22,000.00</u> |

Debtor Pro-Mark Services, Inc.  
Name

Case number (if known) 24-30167

**Part 1: Additional Page**

|            |  |  |  |
|------------|--|--|--|
| <b>2.6</b> | <b>Priority creditor's name and mailing address</b><br><u>Office of the State Tax Commissioner</u><br><u>600 E. Boulevard Ave. Dept. 127</u><br><u>Bismarck, ND 58505-0599</u><br><br>Date or dates debt was incurred _____<br><br>Last 4 digits of account number _____<br>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u>               | <b>As of the petition filing date, the claim is:</b> <u>\$75,000.00</u> <u>\$75,000.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the Claim:</b> _____<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |  |
| <b>2.7</b> | <b>Priority creditor's name and mailing address</b><br><u>Taxation Revenue - New Mexico</u><br><u>1200 South St. Francis Drive</u><br><u>Santa Fe, NM 87505</u><br><br>Date or dates debt was incurred _____<br><br>Last 4 digits of account number _____<br>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u>                              | <b>As of the petition filing date, the claim is:</b> <u>\$80.00</u> <u>\$80.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the Claim:</b> _____<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes         |  |
| <b>2.8</b> | <b>Priority creditor's name and mailing address</b><br><u>Treasurer-State of Iowa</u><br><u>Roby Smith</u><br><u>StateTreasurer's Office/Capitol Building</u><br><u>Des Moines, IA 50319</u><br><br>Date or dates debt was incurred _____<br><br>Last 4 digits of account number _____<br>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u> | <b>As of the petition filing date, the claim is:</b> <u>\$1,100.00</u> <u>\$1,100.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the Claim:</b> _____<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |  |

Debtor Pro-Mark Services, Inc. Case number (if known) 24-30167  
Name

**Part 1: Additional Page**

|             |  |   |  |
|-------------|--|---|--|
| <b>2.9</b>  | <b>Priority creditor's name and mailing address</b><br><u>U.S. Department of Labor</u><br><u>Brian L. Green</u><br><u>2300 Main Street Suite 11093</u><br><u>Kansas City, MO 64108</u><br><br>Date or dates debt was incurred _____<br><br>Last 4 digits of account number ____ _<br>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(5)</u>    | <b>As of the petition filing date, the claim is:</b> <u>unknown</u> <u>unknown</u><br><i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the Claim:</b> _____<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |  |
| <b>2.10</b> | <b>Priority creditor's name and mailing address</b><br><u>US Department of Justice</u><br><u>Antitrust Division</u><br><u>209 South Lasalle St. Suite 600</u><br><u>Chicago, IL 60604</u><br><br>Date or dates debt was incurred _____<br><br>Last 4 digits of account number ____ _<br>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u> | <b>As of the petition filing date, the claim is:</b> <u>\$650,000.00</u> <u>\$650,000.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the Claim:</b> _____<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |  |
| <b>2.11</b> | <b>Priority creditor's name and mailing address</b><br><u>Virginia Department of Taxation</u><br><u>PO Box 17777</u><br><u>Richmond, VA 23218-1777</u><br><br>Date or dates debt was incurred _____<br><br>Last 4 digits of account number ____ _<br>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u>                                    | <b>As of the petition filing date, the claim is:</b> <u>\$42.00</u> <u>\$42.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the Claim:</b> _____<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes            |  |

Debtor Pro-Mark Services, Inc.  
Name

Case number (if known) 24-30167

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

|   |   |
|---|---|
| <p><b>3.1</b> Nonpriority creditor's name and mailing address</p> <p><u>ACE Consulting</u></p> <p><u>608 KeeneCenter Drive</u></p> <p><u>Nicholasville, KY 40356</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>6 5 5 8</u></p> | <p>As of the petition filing date, the claim is: <u>\$7,900.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p><b>3.2</b> Nonpriority creditor's name and mailing address</p> <p><u>ACE Consulting</u></p> <p><u>608 KeeneCenter Drive</u></p> <p><u>Nicholasville, KY 40356</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>          | <p>As of the petition filing date, the claim is: <u>\$7,800.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p><b>3.3</b> Nonpriority creditor's name and mailing address</p> <p><u>ACE Consulting</u></p> <p><u>608 KeeneCenter Drive</u></p> <p><u>Nicholasville, KY 40356</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>6 5 1 6</u></p> | <p>As of the petition filing date, the claim is: <u>\$1,602.84</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p><b>3.4</b> Nonpriority creditor's name and mailing address</p> <p><u>ACE Consulting</u></p> <p><u>608 KeeneCenter Drive</u></p> <p><u>Nicholasville, KY 40356</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>6 5 1 7</u></p> | <p>As of the petition filing date, the claim is: <u>\$495.04</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>   |

Debtor Pro-Mark Services, Inc.  
Name

Case number (if known) 24-30167

**Part 2: Additional Page**

|            |   |  |
|------------|---|--|
| <b>3.5</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Action Mechanical</u><br><u>PO Box 880</u><br><u>Rapid City, SD 57709</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>5</u> - <u>1</u> <u>3</u> | <b>As of the petition filing date, the claim is:</b> <u>\$26,607.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                            |
| <b>3.6</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Advanced Business Methods</u><br><u>1515 13th Ave. E.</u><br><u>West Fargo, ND 58078</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number ____ _        | <b>As of the petition filing date, the claim is:</b> <u>\$598.62</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>May copier installment Fargo</u><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <b>3.7</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Advantage Coating</u><br><u>884 Arbor Drive</u><br><u>Chaska, MN 55318</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number ____ _                      | <b>As of the petition filing date, the claim is:</b> <u>unknown</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                |
| <b>3.8</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Air Mechanical Inc.</u><br><u>1914 4th Ave NW</u><br><u>West Fargo, ND 58078</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number ____ _                | <b>As of the petition filing date, the claim is:</b> <u>\$53,544.38</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                            |



Debtor Pro-Mark Services, Inc. Case number (if known) 24-30167  
Name \_\_\_\_\_

**Part 2: Additional Page**

|             |  |   |
|-------------|--|---|
| <b>3.9</b>  | <b>Nonpriority creditor's name and mailing address</b><br><u>Akerman LLP</u><br><u>PO Box 4906</u><br><u>Orlando, FL 32802</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>4 4 9 4</u>                              | <b>As of the petition filing date, the claim is:</b> <u>\$13,820.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                     |
| <b>3.10</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Akerman LLP</u><br><u>PO Box 4906</u><br><u>Orlando, FL 32802</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>1 6 6 1</u>                              | <b>As of the petition filing date, the claim is:</b> <u>\$4,761.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                      |
| <b>3.11</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Akerman LLP</u><br><u>PO Box 4906</u><br><u>Orlando, FL 32802</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number _____                                       | <b>As of the petition filing date, the claim is:</b> <u>\$6,210.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>March attorney fees</u><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <b>3.12</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Bad Investments</u><br><u>Kyle Berg</u><br><u>1170 Eddington Place</u><br><u>Marco Island, FL 34145</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <u>\$2,500.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Office Lease</u><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes        |

Debtor Pro-Mark Services, Inc. Case number (if known) 24-30167  
Name

**Part 2: Additional Page**

|   |  |
|---|--|
| <p><b>3.13</b> Nonpriority creditor's name and mailing address</p> <p><u>Berger Enterprises, LLC</u></p> <p><u>1826 25th St NE</u></p> <p><u>Emerado, ND 58228</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>  | <p>As of the petition filing date, the claim is: <u>\$30,000.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>        |
| <p><b>3.14</b> Nonpriority creditor's name and mailing address</p> <p><u>Berger Enterprises, LLC</u></p> <p><u>1826 25th St NE</u></p> <p><u>Emerado, ND 58228</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>  | <p>As of the petition filing date, the claim is: <u>\$25,000.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>        |
| <p><b>3.15</b> Nonpriority creditor's name and mailing address</p> <p><u>Berger Enterprises, LLC</u></p> <p><u>1826 25th St NE</u></p> <p><u>Emerado, ND 58228</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>  | <p>As of the petition filing date, the claim is: <u>\$75,000.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>April</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p><b>3.16</b> Nonpriority creditor's name and mailing address</p> <p><u>Black Hills Energy</u></p> <p><u>PO Box 7966</u></p> <p><u>Carol Stream, IL 60197-7966</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <u>\$103.74</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>April</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>    |

Debtor Pro-Mark Services, Inc.  
Name

Case number (if known) 24-30167

**Part 2: Additional Page**

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| <b>3.17</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>C.I. Construction, LLC</u><br><u>1910 42nd Ave W, Suite 300</u><br><u>Alexandria, MN 56308</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <u>\$115,224.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <b>3.18</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Carpet One Commercial</u><br><u>505 S. 24th St. W.</u><br><u>Billings, MT 59102</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>0 7 3 8</u>   | <b>As of the petition filing date, the claim is:</b> <u>\$270.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes     |
| <b>3.19</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Carpet One Commercial</u><br><u>505 S. 24th St. W.</u><br><u>Billings, MT 59102</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>4 2 1 7</u>   | <b>As of the petition filing date, the claim is:</b> <u>\$2,140.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |
| <b>3.20</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Carpet One Commercial</u><br><u>505 S. 24th St. W.</u><br><u>Billings, MT 59102</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>2 1 7 A</u>   | <b>As of the petition filing date, the claim is:</b> <u>\$1,818.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |

Debtor Pro-Mark Services, Inc. Case number (if known) 24-30167  
Name

**Part 2: Additional Page**

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| <p><b>3.21</b> Nonpriority creditor's name and mailing address</p> <p><u>Carpet One Commercial</u></p> <p><u>505 S. 24th St. W.</u></p> <p><u>Billings, MT 59102</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>4 2 2 1</u></p> | <p>As of the petition filing date, the claim is: <u>\$253.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>   |
| <p><b>3.22</b> Nonpriority creditor's name and mailing address</p> <p><u>Carpet One Commercial</u></p> <p><u>505 S. 24th St. W.</u></p> <p><u>Billings, MT 59102</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>4 2 1 5</u></p> | <p>As of the petition filing date, the claim is: <u>\$4,856.39</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p><b>3.23</b> Nonpriority creditor's name and mailing address</p> <p><u>Carpet One Commercial</u></p> <p><u>505 S. 24th St. W.</u></p> <p><u>Billings, MT 59102</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>2 1 5 A</u></p> | <p>As of the petition filing date, the claim is: <u>\$2,760.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p><b>3.24</b> Nonpriority creditor's name and mailing address</p> <p><u>Cass County Electric</u></p> <p><u>PO Box 6088</u></p> <p><u>Fargo, ND 58108-6088</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>a r 2 4</u></p>       | <p>As of the petition filing date, the claim is: <u>\$285.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>   |

Debtor Pro-Mark Services, Inc. Case number (if known) 24-30167  
Name \_\_\_\_\_

**Part 2: Additional Page**

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|-------------|--|---|
| <b>3.25</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Cass County Electric</u><br><u>PO Box 6088</u><br><u>Fargo, ND 58108-6088</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number _____                               | <b>As of the petition filing date, the claim is:</b> <u>\$285.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>March</u><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <b>3.26</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>City of Fargo</u><br><u>PO Box Box 1607</u><br><u>Fargo, ND 58107</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>8 3 1 1</u>                              | <b>As of the petition filing date, the claim is:</b> <u>\$40.29</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes         |
| <b>3.27</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>City of Minot</u><br><u>Treasurer's Office</u><br><u>PO Box Box 5006</u><br><u>Minot, ND 58702</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>9 7 7 0</u> | <b>As of the petition filing date, the claim is:</b> <u>\$52.80</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes         |
| <b>3.28</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>City of Minot</u><br><u>Treasurer's Office</u><br><u>PO Box Box 5006</u><br><u>Minot, ND 58702</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>0 3 9 9</u> | <b>As of the petition filing date, the claim is:</b> <u>\$31.85</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes         |

Debtor Pro-Mark Services, Inc.  
Name

Case number (if known) 24-30167

**Part 2: Additional Page**

|             |  |   |
|-------------|--|---|
| <b>3.29</b> | Nonpriority creditor's name and mailing address<br><u>City of Minot</u><br><u>Treasurer's Office</u><br><u>PO Box Box 5006</u><br><u>Minot, ND 58702</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>4</u> <u>8</u> <u>8</u> <u>3</u> | As of the petition filing date, the claim is: <u>\$64.32</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: _____<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| <b>3.30</b> | Nonpriority creditor's name and mailing address<br><u>City Wide Electric, Inc.</u><br><br><u>1444 River St</u><br><u>West Fargo, ND 58078</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number _____  | As of the petition filing date, the claim is: <u>\$2,750.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: _____<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |
| <b>3.31</b> | Nonpriority creditor's name and mailing address<br><u>Connie Berg</u><br><br><u>1170 Eddington Place</u><br><u>Marco Island, FL 34145</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number _____  | As of the petition filing date, the claim is: <u>\$14,986,537.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><br><div style="text-align: right;">Previous Owner -<br/>Principal Balance as of</div> Basis for the claim: <u>3/31/24</u><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <b>3.32</b> | Nonpriority creditor's name and mailing address<br><u>Connie Berg</u><br><br><u>1170 Eddington Place</u><br><u>Marco Island, FL 34145</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number _____  | As of the petition filing date, the claim is: <u>\$750,000.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><br><div style="text-align: right;">Previous Owner - cash<br/>interest as of 3/31/24</div> Basis for the claim: _____<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes         |

Debtor Pro-Mark Services, Inc. Case number (if known) 24-30167  
Name

**Part 2: Additional Page**

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| <b>3.33</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Connie Berg</u><br><u>1170 Eddington Place</u><br><u>Marco Island, FL 34145</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number ____ _                | <b>As of the petition filing date, the claim is:</b> <u>\$2,307,970.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><br><b>Previous Owner - Deferred Interest - date</b><br><b>Basis for the claim:</b> <u>unknown</u><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <b>3.34</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Creative Surfaces Inc.</u><br><u>PO Box 84611</u><br><u>Sioux Falls, SD 57118-4611</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>9 7 9 8</u> | <b>As of the petition filing date, the claim is:</b> <u>\$5,739.05</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |
| <b>3.35</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Creative Surfaces Inc.</u><br><u>PO Box 84611</u><br><u>Sioux Falls, SD 57118-4611</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>9 9 2 6</u> | <b>As of the petition filing date, the claim is:</b> <u>\$367.45</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |
| <b>3.36</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Dakota Fence</u><br><u>PO Box 1408</u><br><u>Fargo, ND 58107</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number ____ _                               | <b>As of the petition filing date, the claim is:</b> <u>\$43,508.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |

Debtor Pro-Mark Services, Inc. Case number (if known) 24-30167  
Name

**Part 2: Additional Page**

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| <p><b>3.37</b> Nonpriority creditor's name and mailing address</p> <p><u>Dakota Fence</u></p> <p><u>PO Box 1408</u></p> <p><u>Fargo, ND 58107</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>  | <p>As of the petition filing date, the claim is: <u>\$3,863.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p><b>3.38</b> Nonpriority creditor's name and mailing address</p> <p><u>Dakota Fire Protection, Inc</u></p> <p><u>PO Box Box 5327</u></p> <p><u>Grand Forks, ND 58206</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>3 9 1 0</u></p>                                | <p>As of the petition filing date, the claim is: <u>\$1,660.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p><b>3.39</b> Nonpriority creditor's name and mailing address</p> <p><u>Dawson Ins. Marsh &amp; McLennan Agency LLC</u></p> <p><u>62886 Collection Center Drive</u></p> <p><u>Chicago, IL 60693-0628</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>8 9 3 1</u></p> | <p>As of the petition filing date, the claim is: <u>\$3,882.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p><b>3.40</b> Nonpriority creditor's name and mailing address</p> <p><u>Dawson Ins. Marsh &amp; McLennan Agency LLC</u></p> <p><u>62886 Collection Center Drive</u></p> <p><u>Chicago, IL 60693-0628</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>8 8 9 8</u></p> | <p>As of the petition filing date, the claim is: <u>\$473.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>   |



Debtor Pro-Mark Services, Inc.  
Name

Case number (if known) 24-30167

**Part 2: Additional Page**

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| <p><b>3.41</b> Nonpriority creditor's name and mailing address</p> <p><u>Dawson Ins. Marsh &amp; McLennan Agency LLC</u></p> <p><u>62886 Collection Center Drive</u></p> <p><u>Chicago, IL 60693-0628</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>9 3 5 5</u></p> | <p>As of the petition filing date, the claim is: <u>\$2,522.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p><b>3.42</b> Nonpriority creditor's name and mailing address</p> <p><u>Diamond Everley Roofing Contractors</u></p> <p><u>PO Box 3509</u></p> <p><u>Lawrence, KS 66046</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>  | <p>As of the petition filing date, the claim is: <u>\$3,667.50</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p><b>3.43</b> Nonpriority creditor's name and mailing address</p> <p><u>DOCU SHRED INC</u></p> <p><u>42424 240th St SW</u></p> <p><u>East Grand Forks, MN 56721</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>9 6 5 5</u></p>                                      | <p>As of the petition filing date, the claim is: <u>\$349.45</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>   |
| <p><b>3.44</b> Nonpriority creditor's name and mailing address</p> <p><u>Enerbase Cooperative Resources</u></p> <p><u>PO Box F</u></p> <p><u>Minot, ND 58703</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>0 M a r</u></p>  | <p>As of the petition filing date, the claim is: <u>\$524.60</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>   |

Debtor **Pro-Mark Services, Inc.**  
Name

Case number (if known) **24-30167**

**Part 2: Additional Page**

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| <p><b>3.45</b> Nonpriority creditor's name and mailing address</p> <p><u>Engineered Controls Inc.</u></p> <p><u>10703 J Street</u></p> <p><u>Omaha, NE 68127</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>2</u> <u>5</u> <u>5</u> <u>6</u></p> | <p>As of the petition filing date, the claim is: <u>\$1,328.50</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>  |
| <p><b>3.46</b> Nonpriority creditor's name and mailing address</p> <p><u>Engineered Controls Inc.</u></p> <p><u>10703 J Street</u></p> <p><u>Omaha, NE 68127</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>2</u> <u>6</u> <u>9</u> <u>8</u></p> | <p>As of the petition filing date, the claim is: <u>\$1,328.50</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>  |
| <p><b>3.47</b> Nonpriority creditor's name and mailing address</p> <p><u>Fargo Glass &amp; Paint Co</u></p> <p><u>1801 7th Ave N</u></p> <p><u>Fargo, ND 58102</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>                             | <p>As of the petition filing date, the claim is: <u>\$16,981.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p><b>3.48</b> Nonpriority creditor's name and mailing address</p> <p><u>Gefroh Electric</u></p> <p><u>100 45th Ave NW</u></p> <p><u>Minot, ND 58703</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>4</u> <u>8</u> <u>8</u> <u>9</u></p>         | <p>As of the petition filing date, the claim is: <u>\$22,575.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |

Debtor Pro-Mark Services, Inc. Case number (if known) 24-30167  
Name

**Part 2: Additional Page**

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|-------------|---|--|
| <b>3.49</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Gefroh Electric</u><br><u>100 45th Ave NW</u><br><u>Minot, ND 58703</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>4 8 9 0</u> | <b>As of the petition filing date, the claim is:</b> <u>\$494.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes     |
| <b>3.50</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Gefroh Electric</u><br><u>100 45th Ave NW</u><br><u>Minot, ND 58703</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>4 7 4 3</u> | <b>As of the petition filing date, the claim is:</b> <u>\$27,920.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| <b>3.51</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Gefroh Electric</u><br><u>100 45th Ave NW</u><br><u>Minot, ND 58703</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>4 7 9 7</u> | <b>As of the petition filing date, the claim is:</b> <u>\$21,033.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| <b>3.52</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Gefroh Electric</u><br><u>100 45th Ave NW</u><br><u>Minot, ND 58703</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>4 6 6 2</u> | <b>As of the petition filing date, the claim is:</b> <u>\$220,611.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |

Debtor Pro-Mark Services, Inc. Case number (if known) 24-30167  
Name

**Part 2: Additional Page**

|             |   |  |
|-------------|---|--|
| <b>3.53</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Great Plains Natural Gas Co.</u><br><u>PO Box 5600</u><br><u>Bismarck, ND 58506</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>a r 2 4</u>   | <b>As of the petition filing date, the claim is:</b> <u>\$609.42</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                     |
| <b>3.54</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Hartford Accident and Indemnity Company</u><br><u>One Hartford Plaza</u><br><u>Hartford, CT 06155</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>— — — —</u>                         | <b>As of the petition filing date, the claim is:</b> <u>unknown</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Performance and Payment Bond issuer</u><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <b>3.55</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Integrated Openings Solutions LLC</u><br><u>14901 West 117th Street</u><br><u>Olathe, KS 66062</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>— — — —</u>                            | <b>As of the petition filing date, the claim is:</b> <u>\$10,609.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                  |
| <b>3.56</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>J&amp;M Safe Haven Enterprises, Inc.</u><br><u>Melissa Foxworth</u><br><u>2020 Creek Drive</u><br><u>Rapid City, SD 57703</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>— — — —</u> | <b>As of the petition filing date, the claim is:</b> <u>\$2,500.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Office Lease</u><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                     |

Debtor Pro-Mark Services, Inc. Case number (if known) 24-30167  
Name

**Part 2: Additional Page**

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| <p><b>3.57</b> Nonpriority creditor's name and mailing address</p> <p><u>Jacor Inc.</u></p> <p><u>w182s8363 Racine Ave</u></p> <p><u>Muskego, WI 53150</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>2</u> <u>2</u> <u>1</u> <u>5</u></p>                | <p>As of the petition filing date, the claim is: <u>\$12,923.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p><b>3.58</b> Nonpriority creditor's name and mailing address</p> <p><u>Johnson Controls Fire Prot. LP</u></p> <p><u>Dept. CH 10320</u></p> <p><u>Palatine, IL 60055</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>5</u> <u>9</u> <u>3</u> <u>3</u></p> | <p>As of the petition filing date, the claim is: <u>\$10,192.57</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p><b>3.59</b> Nonpriority creditor's name and mailing address</p> <p><u>Johnson Controls Fire Prot. LP</u></p> <p><u>Dept. CH 10320</u></p> <p><u>Palatine, IL 60055</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>6</u> <u>3</u> <u>2</u> <u>0</u></p> | <p>As of the petition filing date, the claim is: <u>\$4,020.75</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>  |
| <p><b>3.60</b> Nonpriority creditor's name and mailing address</p> <p><u>Johnson Controls, Inc.</u></p> <p><u>PO Box 730068</u></p> <p><u>Dallas, TX 75373</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>1</u> <u>6</u> <u>1</u> <u>6</u></p>            | <p>As of the petition filing date, the claim is: <u>\$28,309.74</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |

Debtor Pro-Mark Services, Inc. Case number (if known) 24-30167  
Name

**Part 2: Additional Page**

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| <p><b>3.61</b> Nonpriority creditor's name and mailing address</p> <p><u>Johnson Controls, Inc.</u></p> <p><u>PO Box 730068</u></p> <p><u>Dallas, TX 75373</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>3</u> <u>7</u> <u>4</u> <u>9</u></p> | <p>As of the petition filing date, the claim is: <u>\$3,528.08</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>   |
| <p><b>3.62</b> Nonpriority creditor's name and mailing address</p> <p><u>Johnson Controls, Inc.</u></p> <p><u>PO Box 730068</u></p> <p><u>Dallas, TX 75373</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>4</u> <u>7</u> <u>4</u> <u>0</u></p> | <p>As of the petition filing date, the claim is: <u>\$17,613.75</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>  |
| <p><b>3.63</b> Nonpriority creditor's name and mailing address</p> <p><u>JV Associates, Ltd.</u></p> <p><u>PO Box 520</u></p> <p><u>Hutchinson, MN 55350</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>9</u> <u>4</u> <u>3</u> <u>1</u></p>   | <p>As of the petition filing date, the claim is: <u>\$450.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>     |
| <p><b>3.64</b> Nonpriority creditor's name and mailing address</p> <p><u>KEFLEX Contracting</u></p> <p><u>4880 G Street</u></p> <p><u>Omaha, NE 68117</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>  </u> <u>#</u> <u>2</u> <u>2</u></p>     | <p>As of the petition filing date, the claim is: <u>\$183,819.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |

Debtor Pro-Mark Services, Inc.  
Name

Case number (if known) 24-30167

**Part 2: Additional Page**

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| <p><b>3.65</b> Nonpriority creditor's name and mailing address</p> <p><u>KEFLEX Contracting</u></p> <p><u>4880 G Street</u></p> <p><u>Omaha, NE 68117</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>                                  | <p>As of the petition filing date, the claim is: <u>\$35,609.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>              |
| <p><b>3.66</b> Nonpriority creditor's name and mailing address</p> <p><u>LaCreek Development Corporation</u></p> <p><u>21617 US Hwy 18 Suite B</u></p> <p><u>Martin, SD 57551</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>P a y 2</u></p> | <p>As of the petition filing date, the claim is: <u>\$94,000.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>              |
| <p><b>3.67</b> Nonpriority creditor's name and mailing address</p> <p><u>Linn Grove Center</u></p> <p><u>5012 53rd Street S.</u></p> <p><u>Fargo, ND 58104</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>                             | <p>As of the petition filing date, the claim is: <u>\$2,250.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Office Lease</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p><b>3.68</b> Nonpriority creditor's name and mailing address</p> <p><u>M&amp;K Porta Potties</u></p> <p><u>PO Box BOX 1494</u></p> <p><u>Grand Forks, ND 58208</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>4 5 5 5</u></p>              | <p>As of the petition filing date, the claim is: <u>\$278.25</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>                 |

Debtor Pro-Mark Services, Inc.  
Name

Case number (if known) 24-30167

**Part 2: Additional Page**

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| <b>3.69</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Marco</u><br><u>PO Box 660831</u><br><u>Dallas, TX 75266-0831</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number ____ _  | <b>As of the petition filing date, the claim is:</b> <u>\$355.63</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>May Copier - installment Rapid City</u><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <b>3.70</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Mark Kragness</u><br><u>43602 Bass Harbor Road</u><br><u>Pelican Rapids, MN 56572</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>0 / 2 4</u>                      | <b>As of the petition filing date, the claim is:</b> <u>\$7,500.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                    |
| <b>3.71</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Marsh McClennan Agency</u><br><u>Becky Hecker</u><br><u>505 Broadway North Suite 100</u><br><u>Fargo, ND 58102</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number ____ _ | <b>As of the petition filing date, the claim is:</b> <u>\$2,300.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Bond Premium</u><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                      |
| <b>3.72</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>McElroy Electric Inc.</u><br><u>300 SW Topeka Blvd</u><br><u>Topeka, KS 66601</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number ____ _                                  | <b>As of the petition filing date, the claim is:</b> <u>\$15,178.85</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                   |



Debtor Pro-Mark Services, Inc. Case number (if known) 24-30167  
Name \_\_\_\_\_

**Part 2: Additional Page**

|             |   |  |
|-------------|---|--|
| <b>3.73</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>McElroy Electric Inc.</u><br><u>300 SW Topeka Blvd</u><br><u>Topeka, KS 66601</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>i n a l</u> | <b>As of the petition filing date, the claim is:</b> <u>\$99,263.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| <b>3.74</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>McElroy's Inc.</u><br><u>3310 S. Topeka Blvd.</u><br><u>Topeka, KS 66611</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>    </u>         | <b>As of the petition filing date, the claim is:</b> <u>\$100,093.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <b>3.75</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Mead Lumber</u><br><u>320 West Blvd.</u><br><u>Rapid City, SD 57701</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>    </u>              | <b>As of the petition filing date, the claim is:</b> <u>\$255.59</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes     |
| <b>3.76</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Medica</u><br><u>NW 798, PO Box 1450</u><br><u>Minneapolis, MN 55485-7958</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>    </u>        | <b>As of the petition filing date, the claim is:</b> <u>\$13,487.23</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |

Debtor Pro-Mark Services, Inc. Case number (if known) 24-30167  
Name \_\_\_\_\_

**Part 2: Additional Page**

|             |   |  |
|-------------|---|--|
| <b>3.77</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Menards</u><br><u>PO Box 60506</u><br><u>City of Industry, CA 91716</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>a r 2 4</u>                 | <b>As of the petition filing date, the claim is:</b> <u>\$234.37</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <b>3.78</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Montana-Dakota Utilities Co</u><br><u>PO Box 5600</u><br><u>Bismarck, ND 58506-5600</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>a r 2 4</u> | <b>As of the petition filing date, the claim is:</b> <u>\$79.21</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| <b>3.79</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Montana-Dakota Utilities Co</u><br><u>PO Box 5600</u><br><u>Bismarck, ND 58506-5600</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>a r 2 4</u> | <b>As of the petition filing date, the claim is:</b> <u>\$130.83</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <b>3.80</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Montana-Dakota Utilities Co</u><br><u>PO Box 5600</u><br><u>Bismarck, ND 58506-5600</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number _____          | <b>As of the petition filing date, the claim is:</b> <u>\$130.83</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |

Debtor Pro-Mark Services, Inc. Case number (if known) 24-30167  
Name

**Part 2: Additional Page**

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|-------------|---|---|
| <b>3.81</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Mowbray &amp; Son Inc.</u><br><u>PO Box 878</u><br><u>Minot, ND 58702-0878</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>9 1 5 6</u>  | <b>As of the petition filing date, the claim is:</b> <u>\$1,738.04</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| <b>3.82</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Mowbray &amp; Son Inc.</u><br><u>PO Box 878</u><br><u>Minot, ND 58702-0878</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number _____   | <b>As of the petition filing date, the claim is:</b> <u>\$9,857.10</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| <b>3.83</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Oracle America, Inc</u><br><u>C/O Oracle/Submittal Exchange</u><br><u>PO Box 203448</u><br><u>Dallas, TX 75320-3448</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>2 2 8 0</u> | <b>As of the petition filing date, the claim is:</b> <u>\$2,280.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| <b>3.84</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Peak Fall Protection</u><br><u>350 Green Oaks Parkway</u><br><u>Holly Springs, NC 27540</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number _____                                      | <b>As of the petition filing date, the claim is:</b> <u>\$20,523.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |

Debtor Pro-Mark Services, Inc. Case number (if known) 24-30167  
Name

**Part 2: Additional Page**

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| <p><b>3.85</b> Nonpriority creditor's name and mailing address</p> <p><u>Pierce Investment Co.</u></p> <p><u>PO Box Box 14111</u></p> <p><u>Grand Forks, ND 58208</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>                          | <p>As of the petition filing date, the claim is: <u>\$850.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Warehouse Lease</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p><b>3.86</b> Nonpriority creditor's name and mailing address</p> <p><u>Point North Networks Inc.</u></p> <p><u>2910 Upper 55th St E</u></p> <p><u>Inver Grove Heights, MN 55076</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>7 3 7 4</u></p> | <p>As of the petition filing date, the claim is: <u>\$2,007.06</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>                |
| <p><b>3.87</b> Nonpriority creditor's name and mailing address</p> <p><u>Quality Coatings &amp; Tile</u></p> <p><u>3918 37th Ave S</u></p> <p><u>Fargo, ND 58104</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>5</u> # <u>2</u></p>             | <p>As of the petition filing date, the claim is: <u>\$61,925.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>               |
| <p><b>3.88</b> Nonpriority creditor's name and mailing address</p> <p><u>Razor Consulting Solutions, Inc.</u></p> <p><u>5625 51st Ave. S.</u></p> <p><u>Fargo, ND 58104</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>                    | <p>As of the petition filing date, the claim is: <u>unknown</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>                   |

Debtor Pro-Mark Services, Inc. Case number (if known) 24-30167  
Name

**Part 2: Additional Page**

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| <p><b>3.89</b> Nonpriority creditor's name and mailing address</p> <p><u>Right Choice Electric Inc.</u></p> <p><u>2104 Mill Rd, Ste A</u></p> <p><u>Grand Forks, ND 58203</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>3 - 1 2</u></p> | <p>As of the petition filing date, the claim is: <u>\$20,789.77</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p><b>3.90</b> Nonpriority creditor's name and mailing address</p> <p><u>Right Choice Electric Inc.</u></p> <p><u>2104 Mill Rd, Ste A</u></p> <p><u>Grand Forks, ND 58203</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>n a g e</u></p> | <p>As of the petition filing date, the claim is: <u>\$15,856.60</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p><b>3.91</b> Nonpriority creditor's name and mailing address</p> <p><u>Right Choice Electric Inc.</u></p> <p><u>2104 Mill Rd, Ste A</u></p> <p><u>Grand Forks, ND 58203</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>3 - 1 1</u></p> | <p>As of the petition filing date, the claim is: <u>\$4,920.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>  |
| <p><b>3.92</b> Nonpriority creditor's name and mailing address</p> <p><u>River City Woodworks</u></p> <p><u>1208 E. 25th Street</u></p> <p><u>Lawrence, KS 66046</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>1 6 6 4</u></p>          | <p>As of the petition filing date, the claim is: <u>\$9,051.37</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>  |

Debtor Pro-Mark Services, Inc. Case number (if known) 24-30167  
Name \_\_\_\_\_

**Part 2: Additional Page**

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| <b>3.93</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Ryan Glass INC.</u><br><u>1535 Tuskegee Place</u><br><u>Colorado Springs, CO 80915</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>2 5 4 5</u> | <b>As of the petition filing date, the claim is:</b> <u>\$10,865.83</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <b>3.94</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Ryan Glass INC.</u><br><u>1535 Tuskegee Place</u><br><u>Colorado Springs, CO 80915</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>2 5 2 1</u> | <b>As of the petition filing date, the claim is:</b> <u>\$39,292.25</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <b>3.95</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>S.C.S.</u><br><u>5019 Chesbro ct.</u><br><u>Lawrence, KS 66049</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number ____                               | <b>As of the petition filing date, the claim is:</b> <u>\$9,923.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| <b>3.96</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>S.C.S.</u><br><u>5019 Chesbro ct.</u><br><u>Lawrence, KS 66049</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number ____                               | <b>As of the petition filing date, the claim is:</b> <u>\$15,000.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |

Debtor Pro-Mark Services, Inc.  
Name

Case number (if known) 24-30167

**Part 2: Additional Page**

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|--------------|---|--|
| <b>3.97</b>  | <p><b>Nonpriority creditor's name and mailing address</b></p> <p><u>Steptoe &amp; Johnson LLP</u></p> <p><u>Shiona H. Baum Sr Manager Collections</u></p> <p><u>1330 Connecticut AVE, NW</u></p> <p><u>Washington, DC 20036</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>2</u> <u>8</u> <u>4</u> <u>9</u></p> | <p><b>As of the petition filing date, the claim is:</b> <u>\$19,346.50</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _____</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <b>3.98</b>  | <p><b>Nonpriority creditor's name and mailing address</b></p> <p><u>Steptoe &amp; Johnson LLP</u></p> <p><u>Shiona H. Baum Sr Manager Collections</u></p> <p><u>1330 Connecticut AVE, NW</u></p> <p><u>Washington, DC 20036</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>0</u> <u>3</u> <u>0</u> <u>4</u></p> | <p><b>As of the petition filing date, the claim is:</b> <u>\$90,801.50</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _____</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <b>3.99</b>  | <p><b>Nonpriority creditor's name and mailing address</b></p> <p><u>Steptoe &amp; Johnson LLP</u></p> <p><u>Shiona H. Baum Sr Manager Collections</u></p> <p><u>1330 Connecticut AVE, NW</u></p> <p><u>Washington, DC 20036</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>6</u> <u>5</u> <u>9</u> <u>2</u></p> | <p><b>As of the petition filing date, the claim is:</b> <u>\$77,698.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _____</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <b>3.100</b> | <p><b>Nonpriority creditor's name and mailing address</b></p> <p><u>Steptoe &amp; Johnson LLP</u></p> <p><u>Shiona H. Baum Sr Manager Collections</u></p> <p><u>1330 Connecticut AVE, NW</u></p> <p><u>Washington, DC 20036</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>8</u> <u>9</u> <u>3</u> <u>2</u></p> | <p><b>As of the petition filing date, the claim is:</b> <u>\$62,755.81</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _____</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |

Debtor Pro-Mark Services, Inc. Case number (if known) 24-30167  
Name

**Part 2: Additional Page**

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| <b>3.101</b> Nonpriority creditor's name and mailing address<br><u>Swiftec, Inc.</u><br><u>1714 Creek Dr.</u><br><u>Rapid City, SD 57703</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>6</u> <u>6</u> <u>3</u> <u>9</u>        | As of the petition filing date, the claim is: <u>\$4,974.68</u><br>Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: _____<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| <b>3.102</b> Nonpriority creditor's name and mailing address<br><u>Tollefson's Contract Division</u><br><u>PO Box 698</u><br><u>Minot, ND 58702</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>4</u> <u>4</u> <u>3</u> <u>9</u> | As of the petition filing date, the claim is: <u>\$15,921.00</u><br>Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: _____<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <b>3.103</b> Nonpriority creditor's name and mailing address<br><u>Tucker Ellis LLP</u><br><u>PO Box 74717</u><br><u>Cleveland, OH 44194</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>7</u> <u>1</u> <u>0</u> <u>7</u>        | As of the petition filing date, the claim is: <u>\$2,176.00</u><br>Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: _____<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| <b>3.104</b> Nonpriority creditor's name and mailing address<br><u>Tucker Ellis LLP</u><br><u>PO Box 74717</u><br><u>Cleveland, OH 44194</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>2</u> <u>6</u> <u>0</u> <u>3</u>        | As of the petition filing date, the claim is: <u>\$1,836.00</u><br>Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: _____<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |



Debtor Pro-Mark Services, Inc.  
Name

Case number (if known) 24-30167

**Part 2: Additional Page**

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| <b>3.105</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>United Bird &amp; Bat Control LLC</u><br><u>PO Box 14290</u><br><u>Scottsdale, AZ 85267</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number ____   | <b>As of the petition filing date, the claim is:</b> <u>\$21,700.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                        |
| <b>3.106</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Verendrye Electric Cooperative</u><br><u>615 Highway 52 West</u><br><u>Velva, ND 58790</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number ____  | <b>As of the petition filing date, the claim is:</b> <u>\$193.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                           |
| <b>3.107</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Verizon Wireless</u><br><u>Bankruptcy Administration</u><br><u>500 Technology Drive Suite 550</u><br><u>Saint Charles, MO 63304</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <u>\$930.32</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>anticipatped May invoice</u><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <b>3.108</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Volition Prime Accounting</u><br><u>3247 Oak Ridge Loop E</u><br><u>West Fargo, ND 58078</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>1 4 0 0</u>                              | <b>As of the petition filing date, the claim is:</b> <u>\$283.75</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                           |

Debtor Pro-Mark Services, Inc.  
Name

Case number (if known) 24-30167

**Part 2: Additional Page**

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|--------------|---|---|
| <b>3.109</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Wex Bank</u><br><u>PO Box 4337</u><br><u>Carol Stream, IL 60197-4337</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number    _ _ _ _                                | <b>As of the petition filing date, the claim is:</b> <u>\$10,000.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <b>3.110</b> | <b>Nonpriority creditor's name and mailing address</b><br><u>Xcel Energy</u><br><u>PO Box BOX 9477</u><br><u>Minneapolis, MN 55484-9477</u><br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>5</u> <u>7</u> <u>2</u> <u>3</u> | <b>As of the petition filing date, the claim is:</b> <u>\$63.98</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> _____<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes     |

Debtor Pro-Mark Services, Inc.  
Name

Case number (if known) 24-30167

**Part 3: List Others to Be Notified About Unsecured Claims**

**4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

**If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.**

|     | Name and mailing address  | On which line in Part 1 or Part 2 is the related creditor (if any) listed?      | Last 4 digits of account number, if any |
|-----|---|---|---|
| 4.1 | <u>Haynes Boone</u><br><u>Todd M. Garland</u><br><u>8000 Towers Crescent Drive Suite 900</u><br><u>Vienna, VA 22182</u>                     | Line <u>3.31</u><br><input type="checkbox"/> Not listed. Explain _____<br>_____ | ____ _                                  |
| 4.2 | <u>Steven R. Kinsella</u><br><u>Fredrikson &amp; Byron, P.A.</u><br><u>60 South Sixth Street Suite 1500</u><br><u>Minneapolis, MN 55402</u> | Line <u>3.88</u><br><input type="checkbox"/> Not listed. Explain _____<br>_____ | ____ _                                  |

Debtor Pro-Mark Services, Inc.  
Name

Case number (if known) 24-30167

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$1,333,537.00

5b. Total claims from Part 2

5b. + \$19,989,387.98

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

5c. \$21,322,924.98

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NORTH DAKOTA

In Re: )  
 )  
Pro-Mark Services, Inc. )  
 )  
Debtor. )  
 )  
 )  
 )  
 )  
 )

Bankruptcy No. 24-30167

AFFIDAVIT OF SERVICE

[1] I, Jan Schwartz, being first duly sworn and under oath, depose and say: I am of legal age, a citizen of the United States and not a party to the action herein; that on November 1, 2024, I served the following documents:

AMENDMENT COVER SHEET, SUMMARY OF SCHEDULES,  
AMENDED SCHEDULES E/F,  
NOTICE TO CREDITORS OF AMENDED SCHEDULES, and  
NOTICE OF CHAPTER 7 BANKRUPTCY CASE,

on the persons listed below by placing a true and correct copy of said documents in an envelope addressed as follows:

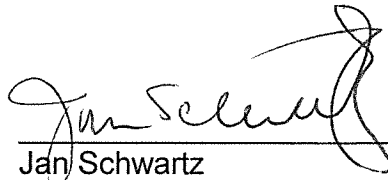
Advantage Coating  
884 Arbor Drive  
Chaska, MN 55318

Mead Lumber  
320 West Blvd  
Rapid City SD 57701

and deposited same, with postage fully prepaid thereon, in the United States mails at Fargo, North Dakota, for delivery by the United States Post Office Department as directed on the envelope; that there is regular mail service between the place of mailing and the address as directed on the envelope.

[2] I declare under penalty of perjury under the law of North Dakota that the foregoing is true and correct.

Dated: 11/1/2024

  
\_\_\_\_\_  
Jan Schwartz

Signed in Cass County, ND.